STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155675	A. BUILDING **01** B. WING _____	**03/13/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING BREEZE RETIREMENT COMMUNITY AND HEALTHCARE	**950 N LAKEVIEW DR** **GREENSBURG, IN 47240**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code and Environmental Preoccupancy Survey for addition of 4 Title 18/19 beds in rooms 3, 5, 6, 8, and 9 and the conversion of 4 residential beds to 4 Title 18/19 beds in rooms 3, 5, 6, 8, and 9 was conducted by Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 03/13/15 Facility Number: 011039 Provider Number: 155675 AIM Number: 200299100 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code and Environmental Preoccupancy survey, Morning Breeze Retirement Community and Healthcare Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.470(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and with 410 IAC 16.2-3-19, Environmental and Physical Standards of the Indiana Health Facilities Rules for Comprehensive Care Facilities. This one story This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155675	A. BUILDING **01** B. WING _____	**03/13/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING BREEZE RETIREMENT COMMUNITY AND HEALTHCARE	**950 N LAKEVIEW DR** **GREENSBURG, IN 47240**

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K 000	Continued From page 1 The healthcare portion of the facility has a capacity of 48 and had a census of 46 at the time of this visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has a detached wooden maintenance workshop building which was not sprinkled. Quality Review by Dennis Austill, Life Safety Code Specialist on 03/17/15.	K 000		